



COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR



KENNETH HAHN HALL OF ADMINISTRATION
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LOS ANGELES, CALIFORNIA 90012

MARK J. SALADINO
TREASURER AND TAX COLLECTOR

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March 30, 2006

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

FILED
2006 MAR 29 AM 8:43
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

Dear Supervisors:

REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT (ALL SUPERVISORIAL DISTRICTS AFFECTED – 3 VOTES)

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Account Number 10767985 in amount of \$13,333.33
Account Number 10927428 in amount of \$5,000
Account Number 10808759 in amount of \$32,533.33
Account Number 10748584 in amount of \$9,519
Account Number 10725869 in amount of \$4,120

JUSTIFICATION:

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

IMPLEMENTATION OF STRATEGIC PLAN GOALS:

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

FISCAL IMPACT:

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

PURPOSE OF RECOMMENDED ACTION:

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Respectfully submitted,



MARK J. SALADINO
Treasurer and Tax Collector

MJS:SFJ:ts

X:Comp.80

Attachments

c: Chief Administrative Officer
County Counsel

APPROVED
RAYMOND G. FORTNER, JR.
County Counsel

by 
Principal Deputy County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 80A
DATE: March 30, 2006

| | | | |
|---------------------------|-------------|----------------|------------------------|
| Amount of Aid | \$75,334.00 | Account Number | 10767985 |
| Amount Paid | .00 | Name | Adult Male |
| Balance Due | 75,334.00 | Service Date | 06/20/03 to 08/06/03 |
| Compromise Amount Offered | 13,333.33 | Facility | LAC USC Medical Center |
| Amount to be Written Off | \$62,000.67 | Service Type | Inpatient/Outpatient |

JUSTIFICATION

The client was injured in a slip and fall accident. He was treated at LAC USC Medical Center at a cost of \$75,334.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$40,000.00 and proposes the following disbursement:

| Disbursements | Total Claim | Proposed Settlement | Percent of Settlement |
|------------------------------------|--------------------|----------------------------|------------------------------|
| Attorney Fees | \$13,333.33 | \$13,333.33 | 33.33% |
| Attorney Cost | 648.50 | 648.50 | 1.62% |
| Medstar Physical Therapy | 3,900.53 | 2,340.31 | 5.85% |
| East Los Angeles Doctor's Hospital | 2,240.00 | 2,240.00 | 5.60% |
| Priority One Medical Transport | 410.20 | 410.20 | 1.03% |
| Bob's Rexall Drugs | 675.63 | 405.37 | 1.01% |
| Edward G. Stokes, M.D. | 1,684.67 | 1,010.80 | 2.53% |
| County of Los Angeles | 75,334.00 | 13,333.33 | 33.33% |
| Net to Client | N/A | 6,278.16 | 15.70% |
| Total | \$98,226.86 | \$40,000.00 | 100.00% |

Our financial investigation reveals that the client is unemployed and receives public assistance. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 80B
DATE: March 30, 2006

| | | | |
|---------------------------|-------------|----------------|------------------------|
| Amount of Aid | \$32,660.00 | Account Number | 10927428 |
| Amount Paid | .00 | Name | Adult Male |
| Balance Due | 32,660.00 | Service Date | 11/28/04 to 12/29/05 |
| Compromise Amount Offered | 5,000.00 | Facility | LAC USC Medical Center |
| Amount to be Written Off | \$27,660.00 | Service Type | Inpatient/Outpatient |

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$32,660.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,500.00 and proposes the following disbursement:

| Disbursements | Total Claim | Proposed Settlement | Percent of Settlement |
|-----------------------|--------------------|----------------------------|------------------------------|
| Attorney Fees | \$ 5,500.00 | \$ 5,500.00 | 35.48% |
| Attorney Cost | 283.50 | 283.50 | 1.83% |
| County of Los Angeles | 32,660.00 | 5,000.00 | 32.26% |
| Net to Client | N/A | 4,716.50 | 30.43% |
| Total | \$38,443.50 | \$15,500.00 | 100.00% |

Our financial investigation reveals that the client supports himself with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 80C
DATE: March 30, 2006

| | | | |
|---------------------------|--------------|----------------|------------------------|
| Amount of Aid | \$192,936.00 | Account Number | 10808759 |
| Amount Paid | .00 | Name | Adult Female |
| Balance Due | 192,936.00 | Service Date | 08/22/03 to 12/09/03 |
| Compromise Amount Offered | 32,533.33 | Facility | LAC USC Medical Center |
| Amount to be Written Off | \$160,402.67 | Service Type | Inpatient/Outpatient |

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$192,936.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

| Disbursements | Total Claim | Proposed Settlement | Percent of Settlement |
|-----------------------|---------------------|----------------------------|------------------------------|
| Attorney Fees | \$ 33,333.33 | \$ 33,333.33 | 33.33% |
| Attorney Cost | 1,500.00 | 1,500.00 | 1.50% |
| Hormoz Zahiri, M.D. | 1,660.00 | 280.00 | .28% |
| County of Los Angeles | 192,936.00 | 32,533.33 | 32.54% |
| Net to Client | N/A | 32,353.34 | 32.35% |
| Total | \$229,429.33 | \$100,000.00 | 100.00% |

Our financial investigation reveals that the client is employed with a marginal income. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 80D
DATE: March 30, 2006

| | | | |
|---------------------------|-------------|----------------|------------------------|
| Amount of Aid | \$32,010.00 | Account Number | 10748584 |
| Amount Paid | .00 | Name | Adult Male |
| Balance Due | 32,010.00 | Service Date | 01/31/03 to 05/14/03 |
| Compromise Amount Offered | 9,519.00 | Facility | LAC USC Medical Center |
| Amount to be Written Off | \$22,491.00 | Service Type | Inpatient/Outpatient |

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. He was treated at LAC USC Medical Center at a cost of \$32,010.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$30,000.00 and proposes the following disbursement:

| Disbursements | Total Claim | Proposed Settlement | Percent of Settlement |
|-----------------------------|--------------------|----------------------------|------------------------------|
| Attorney Fees | \$12,000.00 | \$10,000.00 | 33.33% |
| Attorney Cost | 1,105.78 | 1,105.78 | 3.69% |
| Los Angeles Fire Department | 377.00 | 188.50 | .63% |
| County of Los Angeles | 32,010.00 | 9,519.00 | 31.73% |
| Net to Client | N/A | 9,186.72 | 30.62% |
| Total | \$45,492.78 | \$30,000.00 | 100.00% |

Our financial investigation reveals that the client is homeless. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 80E
DATE: March 30, 2006

| | | | |
|---------------------------|-------------|----------------|------------------------|
| Amount of Aid | \$23,453.00 | Account Number | 10725869 |
| Amount Paid | .00 | Name | Adult Male |
| Balance Due | 23,453.00 | Service Date | 11/30/01 to 12/01/01 |
| Compromise Amount Offered | 4,120.00 | Facility | LAC USC Medical Center |
| Amount to be Written Off | \$19,333.00 | Service Type | Inpatient/Outpatient |

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. He was treated at LAC USC Medical Center at a cost of \$23,453.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$25,001.00 and proposes the following disbursement:

| Disbursements | Total Claim | Proposed Settlement | Percent of Settlement |
|------------------------|--------------------|---------------------|-----------------------|
| Attorney Fees | \$ 8,333.00 | \$ 5,000.00 | 20.00% |
| Attorney Cost | 4,538.50 | 398.50 | 1.59% |
| CA Orthopedic Clinic | 4,887.00 | 2,000.00 | 8.00% |
| Beverly Wilshire MRI | 4,800.00 | 2,000.00 | 8.00% |
| Eastside Health Center | 5,661.00 | 2,000.00 | 8.00% |
| Daniel Garcia, D.D.S. | 4,145.00 | 2,000.00 | 8.00% |
| Kevin Aminian M.D. | 2,950.00 | 1,200.00 | 4.80% |
| El Monte Comprehensive | 500.00 | 500.00 | 2.00% |
| Bob's Rexall | 469.00 | 300.00 | 1.20% |
| County of Los Angeles | 23,453.00 | 4,120.00 | 16.48% |
| Net to Client | N/A | 5,482.50 | 21.93% |
| Total | \$59,736.50 | \$25,001.00 | 100.00% |

Our financial investigation reveals that the client is employed and supports himself with a marginal income. He has no other source of income or tangible assets.